

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SAVINGS BONDS

Series ***EE***

DATE		PRINT OR TYPE IN INK			
EMPLOYEE'S NAME		(First Name)	(Initial)	(Last Name)	SOC. SEC. OR EMP. PAYROLL NO.
DEPARTMENT OR AGENCY		BUREAU OR OFFICE		LOCATION	WORK PHONE
A New Allotment	B Increase Allotment	C Change Denomination		D Change Inscription	E Other Action (Describe on Reverse)
(If you checked A, B, or C above complete the following)		AMOUNT TO BE ALLOTTED EACH PAY PERIOD		BOND DENOMINATION (cost price)	
		\$		\$100 (\$50)	\$200 (\$100) \$500 (\$250) \$1000 (\$500)
BOND INSCRIPTION Complete the following if (a) you checked A or D above; or (b) you have multiple Bond allotments					
OWNER'S NAME		(First Name)	(Middle Name or Initial)	(Last Name)	SOCIAL SECURITY NO. (Required)
ADDRESS {		(Number and Street)			
		(City or Town)		(State)	(ZIP Code)
<input type="checkbox"/> Check One	CO-OWNER	(First Name)	(Middle Name or Initial)	(Last Name)	SOCIAL SECURITY NO. (Optional)
	BENEFICIARY				

*For allotment options, see your campaign volunteer or payroll office.

E. OTHER ACTION (Explain)

Note: The furnishing of Social Security number for the owner or first named co-owner of a Bond is required by the regulations governing savings bonds, i.e., Department Circular PD Series 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the Bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the requested information may prevent completion of the transaction. Married women should use their given names, e.g. "Mary L. Smith". If co-owner or beneficiary is designated, the inclusion of that individual's Social Security number is desirable but not required. The use of courtesy titles is optional.

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Savings Bonds Series EE to be issued with the inscription shown on this form.

This authorization is to remain in effect until canceled by me in writing or termination of my employment.

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER

Date

Employee's Signature (Must be same as shown on payroll)